

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 091011167	FILING DATE
							APPLICANT(S)	
7/26/14 CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51	
2		1		1			52	
3		1		1			53	
4		1		1			54	
5		1		1			55	
6		1		1			56	
7		1		1			57	
8		1		1			58	
9		1		1			59	
10		1		1			60	
11							61	
12							62	
13							63	
14							64	
15							65	
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39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	1				3		TOTAL IND.	
TOTAL DEP.		1		1	3	1	TOTAL DEP.	
TOTAL CLAIMS	1	1		1	6	1	TOTAL CLAIMS	